

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective October 1, 2001

36 291 02001

**CLAIMS AS FILED - PART I**

|   | (Column 1)    | (Column 2)   |
|---|---------------|--------------|
| TOTAL CLAIMS  | 21            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 21 minus 20 = | 1            |
| INDEPENDENT CLAIMS  | 8 minus 3 =   | 5            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

**SMALL ENTITY TYPE** ☐ OR

**OTHER THAN SMALL ENTITY**

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 370.00 |
| X\$9=     |        |
| X42=      |        |
| +140=     |        |
| TOTAL     |        |

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 740.00 |
| X\$18=    | 18     |
| X84=      | 420    |
| +280=     |        |
| TOTAL     | 1178   |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

|   | (Column 1) | (Column 2)                         | (Column 3)    |
|---|------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT  |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 21         | 21                                 | 8             |
| Independent   | 8          | 8                                  | 8             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                    |               |

**SMALL ENTITY** OR

**OTHER THAN SMALL ENTITY**

| RATE           | ADDITIONAL FEE |
|----------------|----------------|
| X\$9=          |                |
| X42=           |                |
| +140=          |                |
| TOTAL          |                |
| ADDITIONAL FEE |                |

| RATE           | ADDITIONAL FEE |
|----------------|----------------|
| X\$18=         |                |
| X84=           |                |
| +280=          |                |
| TOTAL          |                |
| ADDITIONAL FEE |                |

|   | (Column 1) | (Column 2)                         | (Column 3)    |
|---|------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT  |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 22         | 21                                 | 1             |
| Independent   | 8          | 8                                  | 1             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                    |               |

| RATE           | ADDITIONAL FEE |
|----------------|----------------|
| X\$9=          |                |
| X42=           |                |
| +140=          |                |
| TOTAL          |                |
| ADDITIONAL FEE |                |

| RATE           | ADDITIONAL FEE |
|----------------|----------------|
| X\$18=         | 52             |
| X84=           |                |
| +280=          |                |
| TOTAL          | 52             |
| ADDITIONAL FEE |                |

|   | (Column 1) | (Column 2)                         | (Column 3)    |
|---|------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT  |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   |            |                                    |               |
| Independent   |            |                                    |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                    |               |

| RATE           | ADDITIONAL FEE |
|----------------|----------------|
| X\$9=          |                |
| X42=           |                |
| +140=          |                |
| TOTAL          |                |
| ADDITIONAL FEE |                |

| RATE           | ADDITIONAL FEE |
|----------------|----------------|
| X\$18=         |                |
| X84=           |                |
| +280=          |                |
| TOTAL          |                |
| ADDITIONAL FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.



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File No: 72167.000570

April 6, 2006

Application Number : 10/026,403 Confirmation No.: 2495  
Applicant : Lawrence R. Miller  
Filed : December 21, 2001  
Title : SYSTEM AND METHOD FOR SINGLE SESSION SIGN-ON  
TC/Art Unit : 2137  
Examiner : Shewaye Gelagay

Docket No. 72167.000570  
Customer No. 21967

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APR 06 2006

MAIL STOP AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application. Fees have been calculated as shown below:

| CLAIMS AS AMENDED                               |                                  |                                    |       |              |              |                 |
|---|----------------------------------|------------------------------------|-------|--------------|--------------|-----------------|
|   | Claims Remaining After Amendment | Highest Number Previously Paid For | Extra | Rate         |              | Amount          |
|   |                                  |                                    |       | Large Entity | Small Entity |                 |
| Number of Claims in Excess of 20                | 22                               | 21                                 | 1     | \$ 50.00     | \$ 25.00     | \$ 50.00        |
| Independent Claims in Excess of 3               | 8                                | 8                                  | 0     | \$ 200.00    | \$ 100.00    | \$ 0.00         |
| First Presentation of Multiple Dependent Claims |                                  |                                    |       | \$ 360.00    | \$ 180.00    | \$ 0.00         |
| Extension Fee:                                  |                                  |                                    |       |              |              |                 |
| a) One Month                                    |                                  |                                    |       | \$ 120.00    | \$ 60.00     | \$ 0.00         |
| b) Two Months                                   |                                  |                                    |       | \$ 450.00    | \$ 225.00    | \$ 0.00         |
| c) Three Months                                 |                                  |                                    |       | \$1020.00    | \$ 510.00    | \$ 0.00         |
| d) Four Months                                  |                                  |                                    |       | \$1590.00    | \$ 795.00    | \$ 0.00         |
| e) Five Months                                  |                                  |                                    |       | \$2160.00    | \$1080.00    | \$ 0.00         |
| Other:  |                                  |                                    |       |              |              | \$ 0.00         |
| <b>TOTAL FEE DUE</b>                            |                                  |                                    |       |              |              | <b>\$ 50.00</b> |

- ☐ No additional fee is required.  
☐ A check in the amount of \$ \_\_\_\_\_ is attached.  
☒ Charge \$ 50.00 to Deposit Account No. 50-0206.  
☒ Charge any additional fees or credit any overpayment to Deposit Account No. 50-0206.

Respectfully submitted,

By:

James R. Miner, Esq.  
Registration No. 40,444

JRM/ml